

**Office Use Only:**

Received:\_\_\_\_\_ Interview:\_\_\_\_\_ Appointed: ☐ Yes ☐ No

Letter sent:\_\_\_\_\_ Initial:\_\_\_\_\_



# Service Unit Coordinator Application

All fields are required unless indicated as optional.

Name:\_\_\_\_\_ Date:\_\_\_\_\_ SU #:\_\_\_\_\_

Address:\_\_\_\_\_ Town:\_\_\_\_\_ Zip:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Mobile Phone:\_\_\_\_\_

Email:\_\_\_\_\_

*(Optional) Employer*\_\_\_\_\_ *Phone*\_\_\_\_\_

*Address:*\_\_\_\_\_ *Zip:*\_\_\_\_\_

List current Girl Scout positions held:

List any previous Girl Scout experience:

List any volunteer work outside of Girl Scouts:

Have you ever supervised volunteers? ☐ Yes ☐ No

If yes, please indicate where and in what capacity:

*(Last Updated: 8/19/25)*

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# Service Unit Coordinator Application

What are your priorities for the coming GS year for strengthening support to your leaders as the SU Coordinator?

- 1.
- 2.
- 3.

What are your plans for recruiting new and retaining current Girl Scout members (girls)?

- 1.
- 2.
- 3.

What are your plans for recruiting new and retaining current Girl Scout members (adults)?

- 1.
- 2.
- 3.

What are your goals for recruiting new and/or retaining current SU Team members?

- 1.
- 2.
- 3.

Are you satisfied with the current methods of communicating with your SU members? ☐ Yes ☐ No  
If no, how would you revise that method?

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What are your plans for encouraging increased participation in all Council-sponsored product sales campaigns?

- 1.
- 2.
- 3.

Are you satisfied with the SU events and activities, including troop participation, that are held for your members?

☐ Yes ☐ No

If no, what are your plans for offering new or revised events, and how would you increase participation?

- 1.
- 2.
- 3.

**References** - List at least two non-family members who are familiar with your qualifications.

*I hereby authorize you to check all my educational references and the personal and employment references listed. I further authorize these references to release to you all information known to them.*

Indicate Name, Full Address, Phone, and Email for each reference:

- 1.
- 2.
- 3.

Do you know of any reason why you would not be able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No If yes, please explain:

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Have you ever been convicted of a crime other than traffic violations? ☐ Yes ☐ No

Are you a registered sex offender? ☐ Yes ☐ No

*I certify that the information contained in this application is accurate to the best of my knowledge. I understand that falsification of any information may be grounds for removal from any volunteer position I may be appointed to. In order to safeguard the girls in our care, criminal background checks will be conducted for all volunteers providing direct service to girls.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to:**

Girl Scouts of Suffolk County, Jackie Morgan, Director of Mission Delivery, 442 Moreland Rd. Commack, NY 11725

or email to [customercare@gssc.us](mailto:customercare@gssc.us)